PROVIDER BULLETIN No. 16-13

Date: May 5, 2016

TO: Nebraska Medicaid Nursing Facility Providers and Nebraska Medicaid Managed Care Organizations

FROM: Calder Lynch, Director
Division of Medicaid & Long-Term Care

BY: Joette Novak, Program Manager

RE: Coordination between Medicaid and Long-Term Care (MLTC) authorizing RN, Nursing Facility and Managed Care Organization (MCO)

This Provider Bulletin is intended to provide direction regarding the requirements for a Waiver of Enrollment in physical health managed care when the client no longer meets Medicare defined rehabilitative/skilled criteria in a nursing facility. Please note that this guidance covers the remainder of calendar year 2016 and this process will change effective January 1, 2017 when Heritage Health is implemented. Revised guidance will be provided prior to that transition.

Certain nursing facility services require prior authorization in order to establish medical necessity and facilitate Medicaid fee-for-service payment of claims for services rendered for:

a. Special Needs clients;
b. Clients 0 – 18 years of age; and
c. Clients receiving out of state nursing facility services.

These services do NOT require a nursing facility level of care evaluation from the Area Agency on Aging (AAA) for clients age 65 and older or League of Human Dignity (LHD) for clients age 18-64.

Currently, the physical health MCOs initiate a Waiver of Enrollment for clients who are admitted to or remain in a nursing facility that meets the service level listed above when the client no longer meets Medicare defined rehabilitative/skilled criteria. The Waiver of Enrollment is submitted by the MCO to the MLTC Contract Manager on a Notification of Services form (MS-23). Under this process coordination with the MLTC RN Program Specialist who authorizes the nursing facility services for fee for service Medicaid must take place. Going forward, it is MLTC's expectation

that Managed Care clients be evaluated for concensus by all involved parties including the MLTC RN Program Specialist prior to dis-enrollment from physical health managed care.

The following process has been developed to operationalize the coordination as a step in the Waiver of Enrollment process for managed care clients admitted to a nursing facility under the specified circumstances requiring prior authorization. This referral will be needed either when managed care-funded short-term skilled care is to end or when an MCO member requests nursing facility admission without a skilled stay.

Step 1: MCO, nursing facility, and client or authorized representative discuss and agree that skilled care is not an appropriate level of care, but the client chooses to remain in or enter the nursing facility. A recommended date of change is determined.

Step 2: On or before the recommended date of change, the nursing facility notifies the MLTC RN Program Specialist.

Step 3: The MLTC RN Program Specialist informs the MCO, MCO Contract Manager and nursing facility whether or not nursing facility Level of Care criteria is met and that it is agreed that the level of care is no longer skilled.

Step 4: If nursing facility Level of Care is met the MCO sends the Notification of Services form (MS-23) to the MLTC Contract Manager. MLTC Contract Manager waives the client from managed care and sends confirmation of the waiver to the MCO. MCO notifies the client or representative and the nursing facility of the last managed care covered date. The prior authorization for Fee-for-service Nursing Facility payment will become effective on the agreed upon date. If the stay at the Nursing Facility is expected to be short term, MCO Waiver of Enrollment should not occur.

Step 5: If nursing facility Level of Care is not met, the MLTC RN Program Specialist provides notice (Form HHS-6) to the client or representative and informs the nursing facility and MCO. The MCO will not initiate a Waiver of Enrollment.

The nursing facility must assure that a request for prior authorization is made for any person admitted under the circumstances listed while on managed care who is subsequently dis-enrolled from managed care. This is true whether the disenrollment was initiated by the MCO as described in this process or through other system changes.

For MCO contact information, refer to the DHHS website
http://dhhs.ne.gov/medicaid/Pages/PhysicalHealthManagedCare.aspx

For questions concerning prior authorization please contact Ellen McMillan, RN Program Specialist at (402) 471-9119 or via email at Ellen.McMillan@Nebraska.gov.

If you have questions concerning this memo, please email Medicaid Managed Care at dhhs.medicaid.managed.care@nebraska.gov or contact Joette Novak, Long Term Institutional Services Program Manager via email at Joette.Novak@Nebraska.gov or via phone at (402) 471-9279.